

DIRECTING PHYSICIAN FORM

The Directing Physician can designate one alternate directing physician to oversee the athletic trainer during the directing physician's temporary absence. Please complete and return form to the Idaho State Board of Medicine, PO Box 83720, Boise, ID 83720-0058; Express Mail: 1755 Westgate Dr. #140, Boise, ID 83704.

Date Received	Fee	Approved By	Date Approved
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Athletic Trainer Name	
Mailing Address	

DIRECTING PHYSICIAN

Name _____
Last First Initial

Address _____
Street Telephone

City State Zip Code Idaho License

I certify that I have read the Rules of the Board of Medicine for Registration of Supervising and Directing Physicians and the Rules for the Licensure of Athletic Trainers.

Signature _____

Date of Signature _____

Initial registration fee for primary directing physician is \$10.00.

ALTERNATE DIRECTING PHYSICIAN

Name _____
Last First Initial

Address _____
Street Telephone

City State Zip Code Idaho License

I certify that I have read the Rules of the Board of Medicine for Registration of Supervising and Directing Physicians and the Rules for the Licensure of Athletic Trainers.

Signature _____

Date of Signature _____